

**Patient-centred measurement methods cluster**  
*Advancing the science of patient-centred measurement in  
team-based care*

# **Method 2: Shared Learning**

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Kootenay Boundary  
Division of Family Practice  
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Innovation Support Unit  
primary care innovation through collaboration

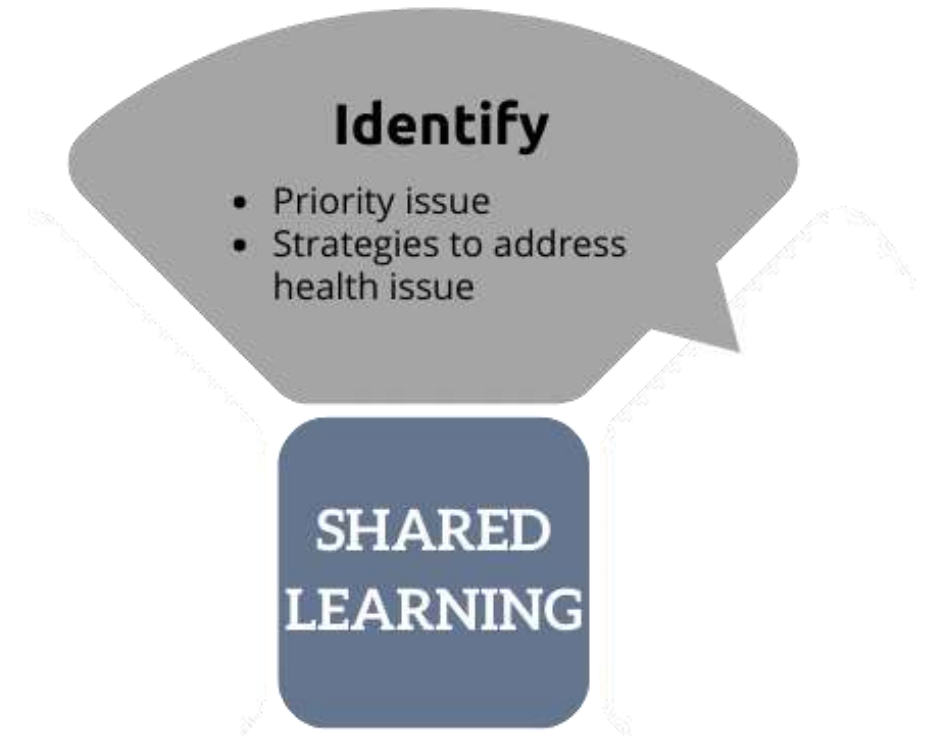
# Introduction to the Method

- “Validating”  
*“unexpectedly rewarding and validating ... and quintessential learning ... for the doctors in understanding.”*
- Providing opportunities for patients to have their perceptions of their illness recognized and valued
- Connecting patient generated data to resources that are of value to patients
- Four core concepts



# Identify: Overview

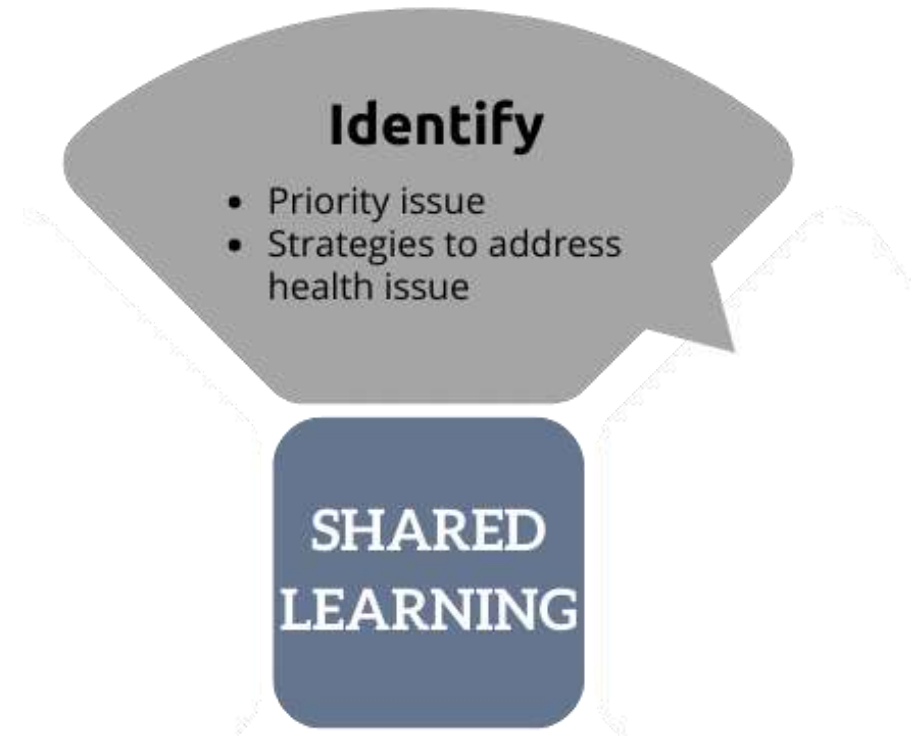
- Priority issue for the patient
  - Based on their values and preferences
- Strategies that align
  - Patient's goals
  - Patient's context
- Demonstrated through the action plan
  - Current concern
  - Goals



*“it allows me to see where I am at and in acknowledging the depression when you put it down in the action plan”*

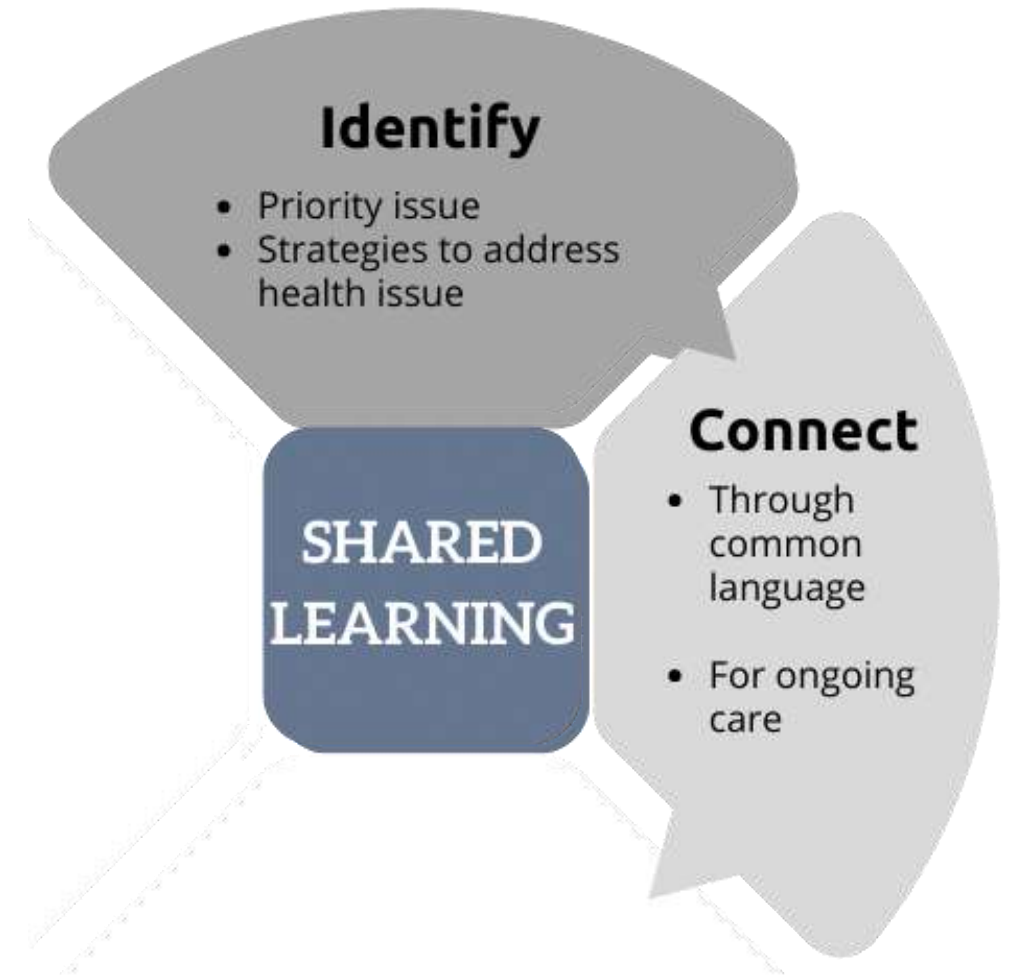
# Identify: Example

- PHQ-9 question: How often have you been bothered by overeating or loss of appetite?
- Connection to sudden weight loss
- Being aware allowed for changes
- Potentially could connect to other members of the team



# Connect: Overview

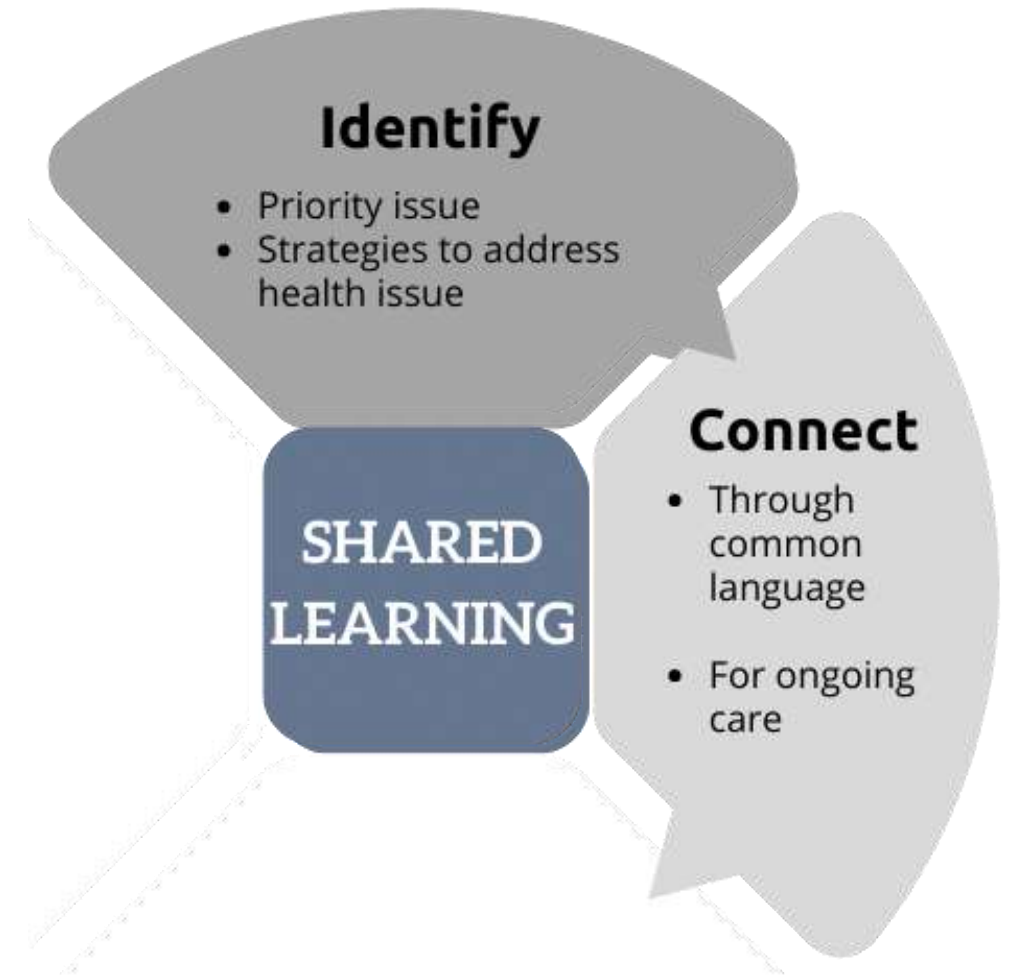
- Through a common language
  - Outline for a care visit
  - Communicate severity of illness
- Ongoing care
  - Use of portal outside of visit



*“use the language of my provider” and “to be on the same page”*

# Connect: Example

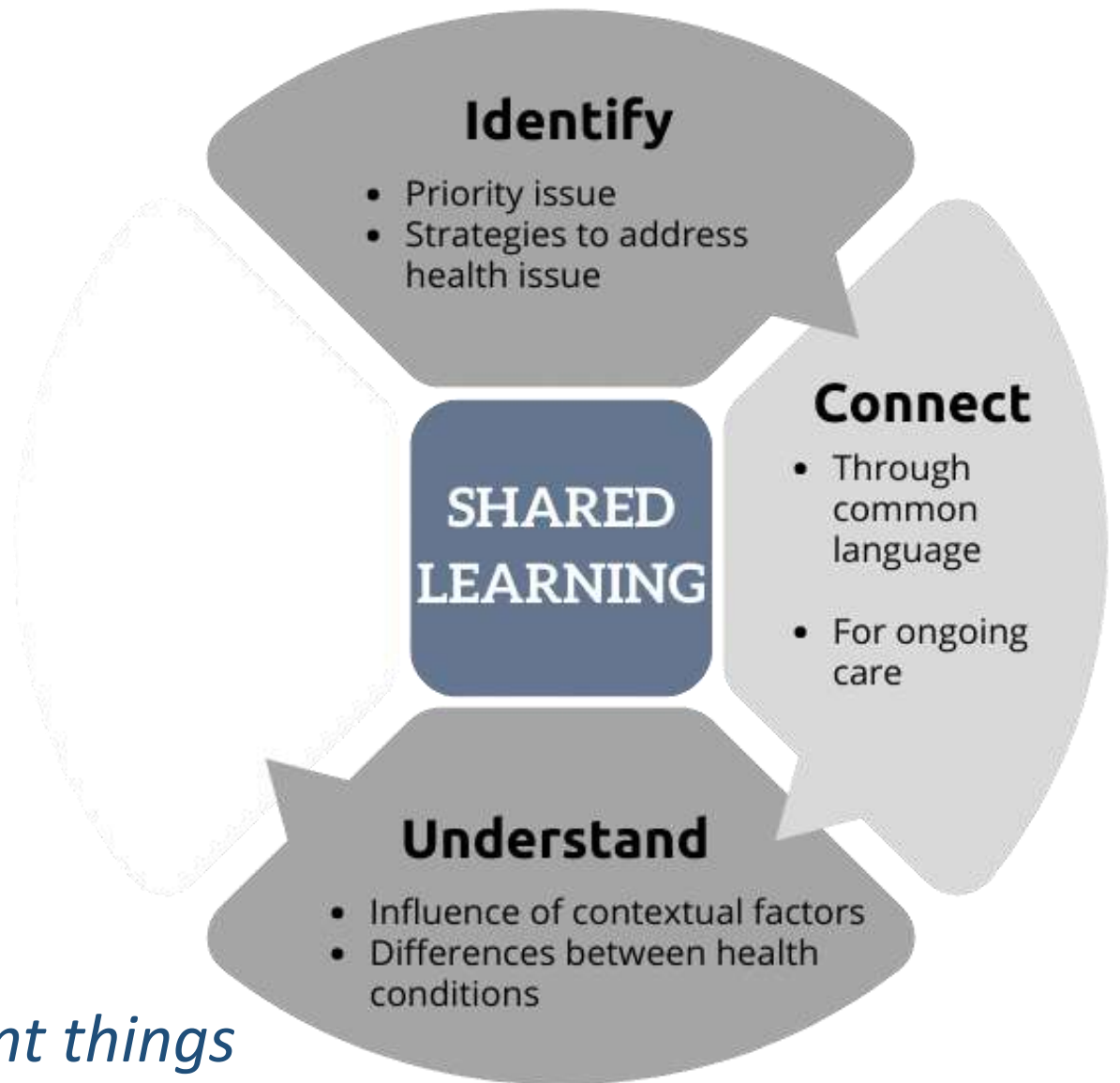
- A new provider walked through the PHQ-9
- Allowed both to quickly connect on the current concern
- Resulted in changes to ongoing treatment



# Understand: Overview

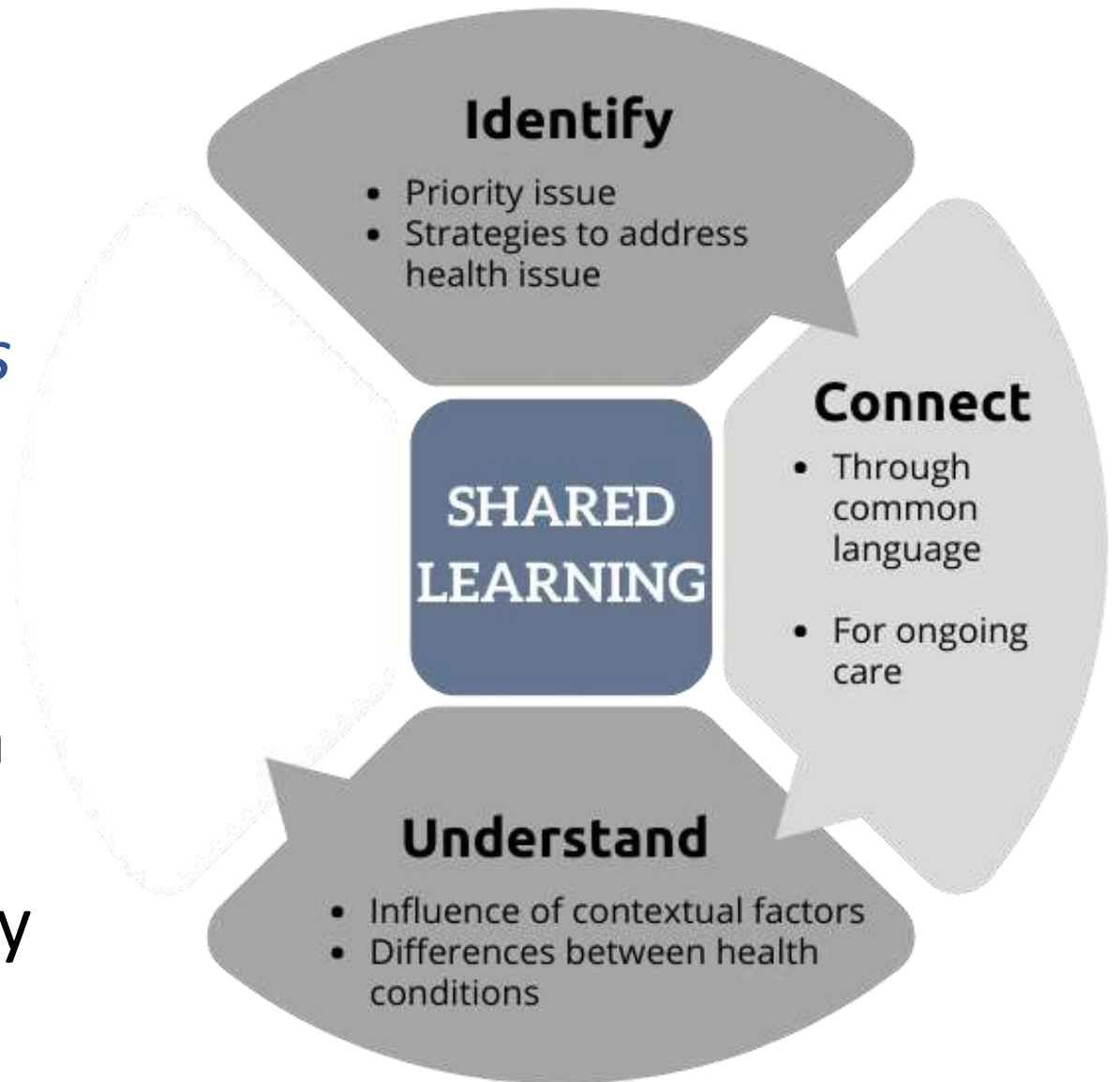
- Influence of contextual factors
  - Relationship between measurement scores and current life changes
- Decipher different aspects of a patient's health
  - Multiple measures
  - Health conditions over time

*“Questions in measures probe different things that I am not aware of that impact me”.*



# Understand: Example

- PROMIS Self-efficacy
  - *“self-confidence is huge as find this to be a difficult aspect of the disease”*
- PHQ-9 and GAD-7 questions
  - Identified with depression
  - Now recognized the connection to their anxiety

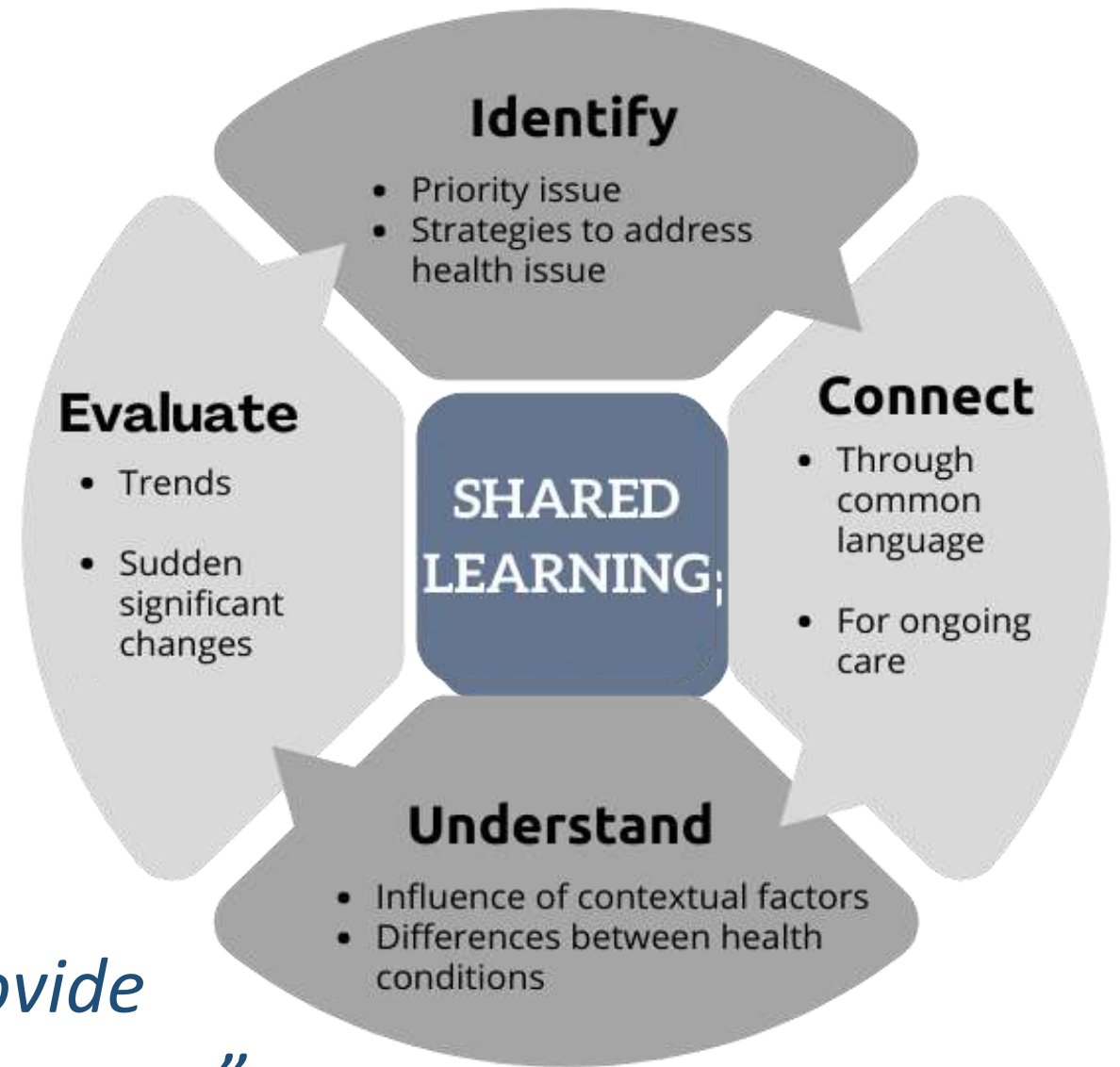




# Evaluate: Overview

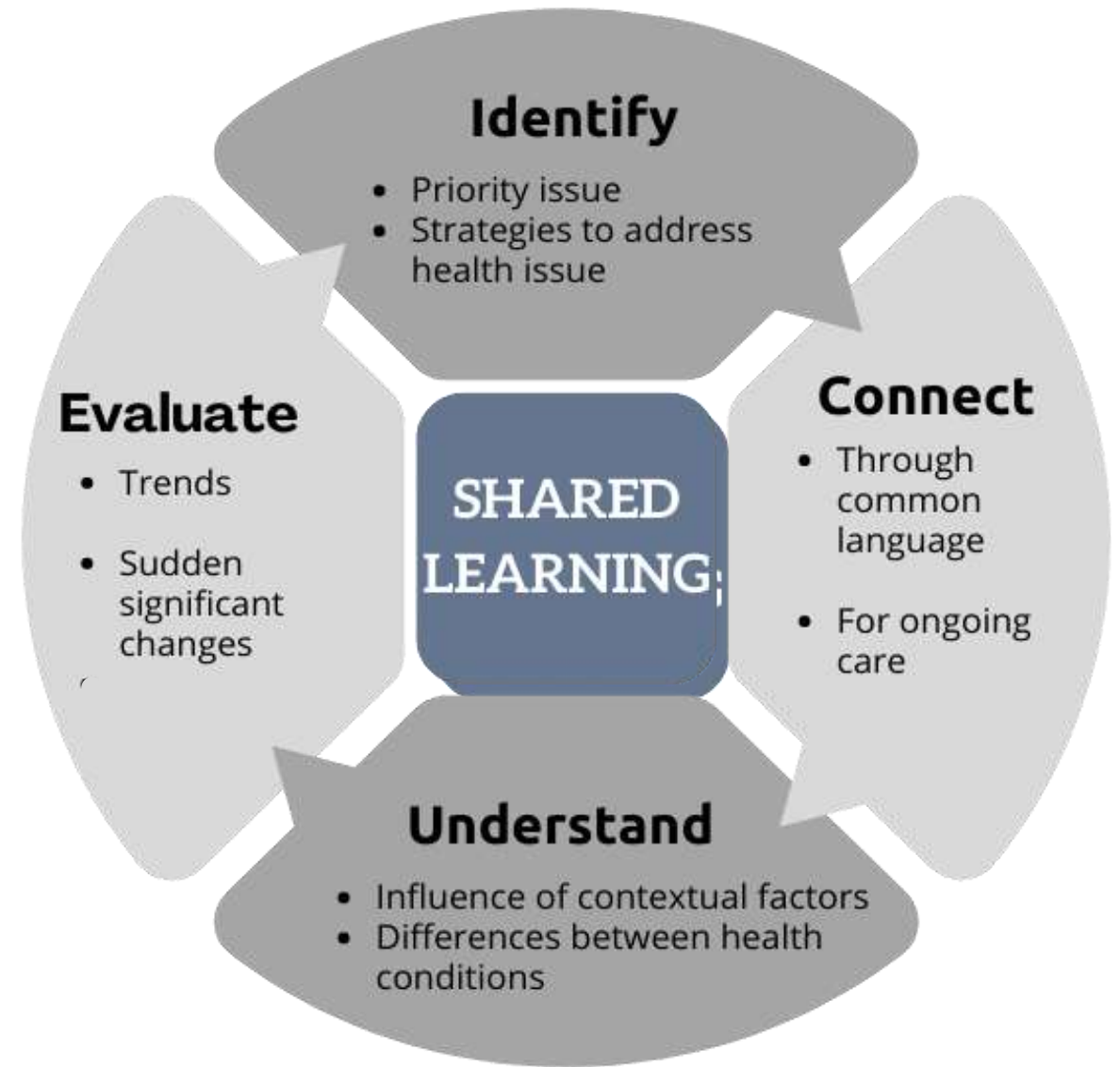
- Following trends over extended time periods
  - Both patients and providers
- Significant changes
  - Between visits
  - Outside of regular visits

*The measure itself "did not provide insight into "what created my responses"*



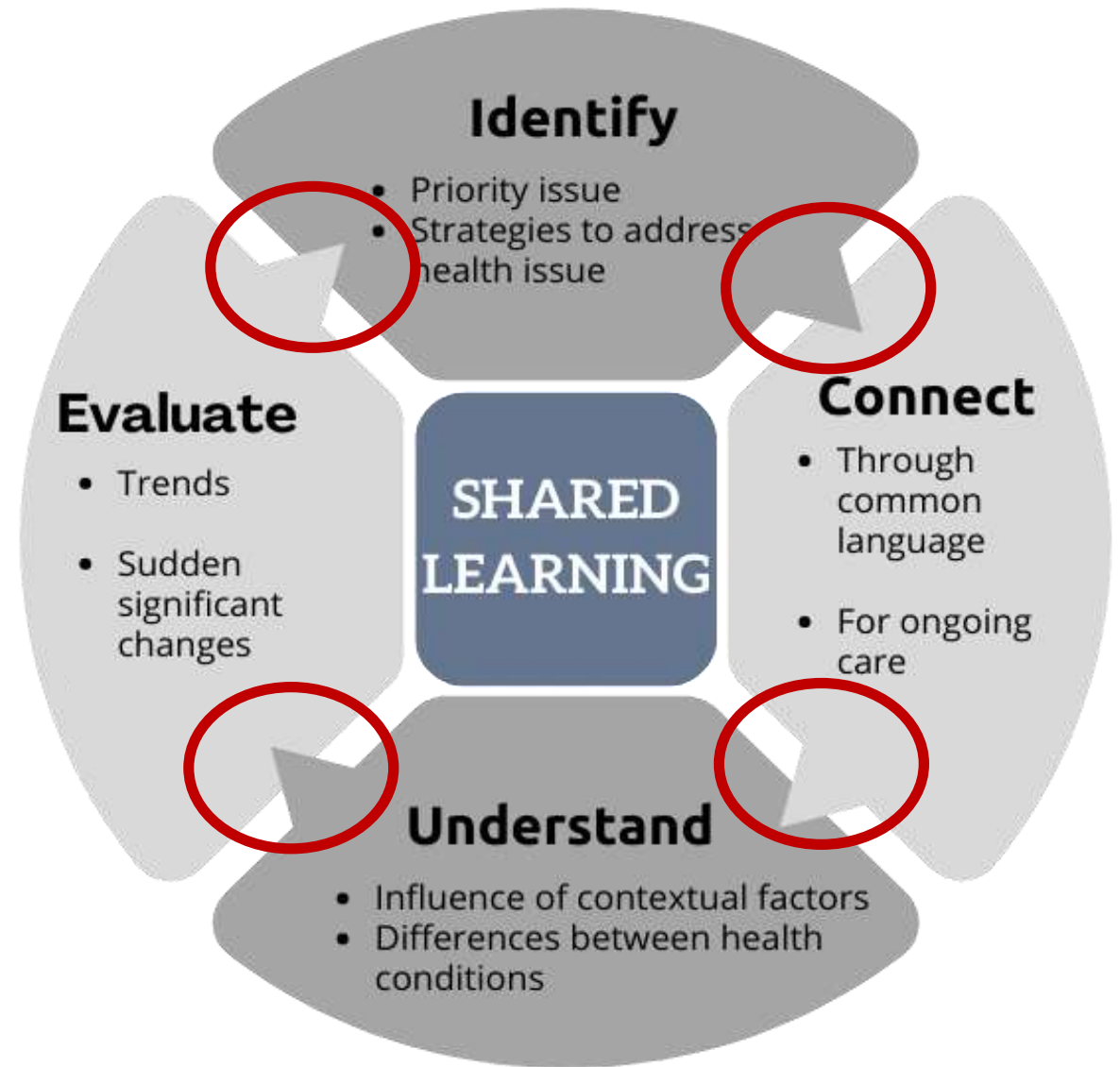
# Evaluate: Examples

- Trend
  - Returning to previous data
  - Did not realize at the time the change in their score
  - Looking back was able to see how life events may have impacted their score
- Significant Change



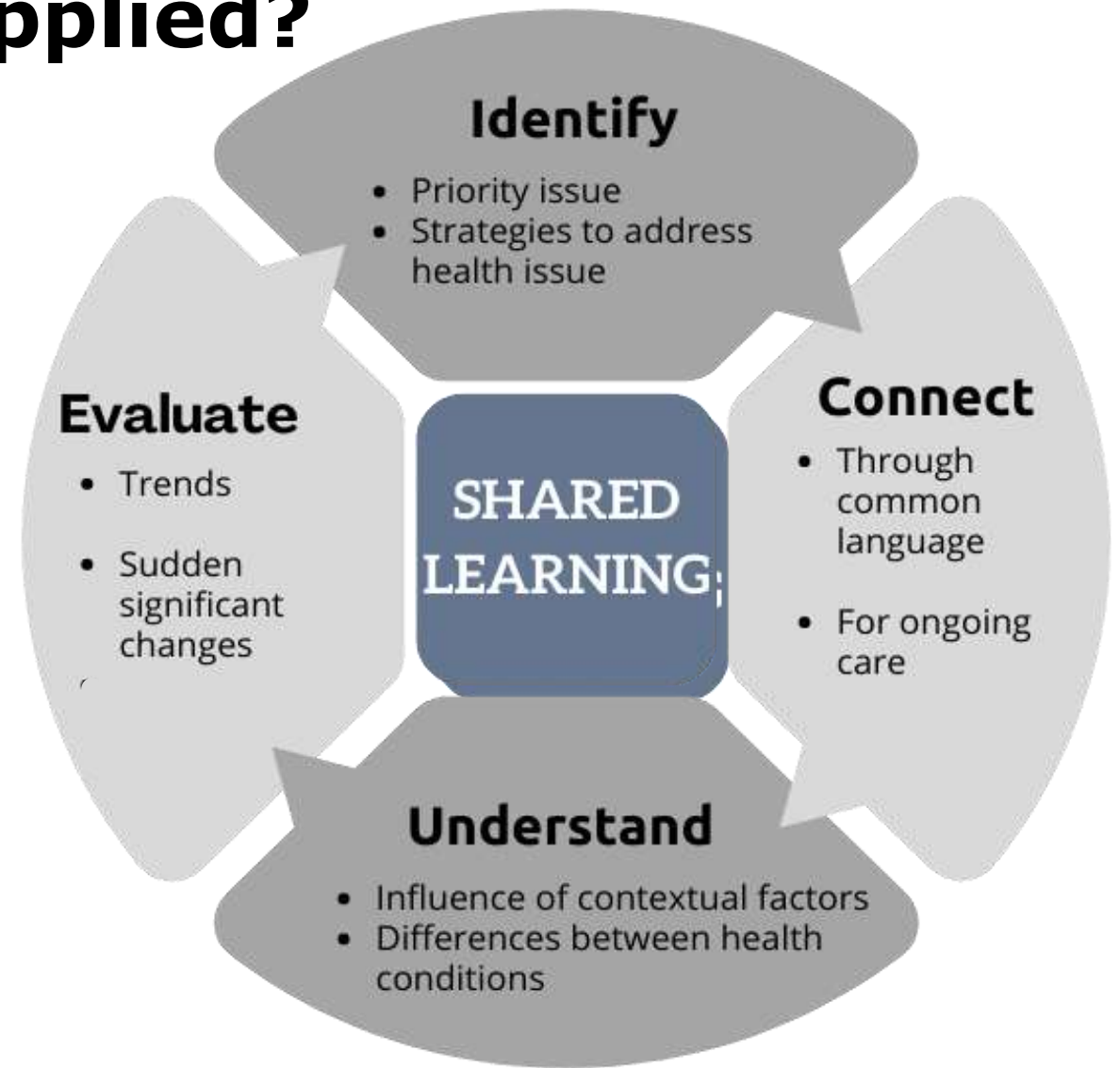
# Shared Learning: Summary

- *Shared*  
Involves all members of the team
- *Learning*  
Communication and relationship building
- Four interconnected concepts



# How can the method be applied?

- Identify particular questions which connect with different members of the team
- Encourage measure to be used as an outline for care visits
- Use multiple related measures
- Monitor changes over time



# Next steps

## Five methods

- Digital Tool Exploration
- Shared Learning
- Team-mapping
- Longitudinal Care Alignment
- Quality of Care Improvement

## Resources

- Online guide
- Publications
- Videos

# Thank-you!

On behalf of the Patient-centred Measurement  
in Team-based Care Research Team thank-you!

The study was conducted during the pandemic when all of us were being impacted by changing healthcare resources. We want to extend our thanks to all the patients and providers who shared their insights over the course of the study, to our collaborators at the Kootenay Boundary Division of Family Practice and our industry partner Cambian Business Services Inc.

# Advancing the science of patient-centred measurement in team-based care

## Learn more:

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# Questions for you

Does this method resonant?

Was the method clear?

